

OBJECTIVES

- Understand disparities that effect the health of this population
- Define basic LGBT+ terminology and language
- Define sex versus gender versus sexuality
- Identify ways to make an environment more LGBT+ friendly

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- I have no actual or potential conflict of interest in relation to this program/presentation
- Community member

COMMUNITY WITH DISPARITIES

- LGBT youth are 2 to 3 times more likely to attempt suicide. (CDC,2016)
- Lesbians are less likely to get preventive services for cancer. (Schneider & Mayer, 2012)
- Gay men are at higher risk of HIV and other STDs, especially among communities of color. (Schneider & Mayer, 2012)
- Elderly LGBT individuals face additional barriers to health because of isolation and a lack of social services and culturally competent providers. (Goldsen, 2018)
- LGBT populations have the higher rates of tobacco, alcohol, and other drug use than the general population. (schneider & Mayer, 2012)

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DISCRIMINATION AGAINST TRANS PEOPLE

- 390 per 100,000 adults are estimated to be transgender, or almost one million adults nationally (Meenwijk & Sevelius, 2017).
 National Service for Transgender Equality (2016)
 Largest survey ever done of transgender people
 Respondents who were out or perceived as transgender in school (K-12):

- 54% verbally harassed
 24% physically attacked
 13% sexually assaulted
 17% left school as a result of severe mistreatment
- Nine times more likely to attempt suicide
- Unemployment rate three times higher
- 30% reported at least one experience with homelessness
 23% of respondents do not seek healthcare out of fear of mistreatment

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IMPORTANT REMINDER

- Being LGBTQIA+ does not automatically mean that the person has mental illnesses, physical illnesses or experienced trauma
- Most people adapt and are resilient despite living in a stigmatized minority

	CONTRIBUTING FACTORS (APILA 2014)	
	Not inherent factors within people (genefic or otherwise) Institutionalized systemic homophobia and transphobia – examples: State laws prohibiting discrimination – only 21 states Irans panic defense Transgender women 4.3 times more likely to be murdered than als women	
	 87% of transgender people murdered in US are people of color Life expectancy of transgender woman of color is 31 years old (Allen, 2018) 	
	Faces issues of rejection and isolation Positive versus negative coping	
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	PROTECTIVE FACTORS	
	Most of the research looks at youth Positive images of LGBT+ people (APA, 2015) Bury Your Gays and Sissy Villain tropes in media are very harmful	
	Gay-straight alliances (CDC, 2018) Social support and acceptance (especially from families) Positive self esteem and overall better health (Haleez et al., 2017)	
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	WHERE DO I START?	
	Use up to date and appropriate language	_

BASIC LGBT+ LANGUAGE	
Lesbian Gay	
Bisexual Transgender Queer/Questioning	
Intersex Asexual/Androgynous	
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BASIC LGBT+ LANGUAGE	
Sex Gender Sexuality	
- Jeauly	
<u>Sex ≠Gender ≠Sexuality</u>	
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V23 -32 ALIQUAN LANGUAGE	
LGBTQIA+ LANGUAGE: SEX • Sex (Assigned at birth)	
Based on appearance of external genitalia Chromosomes, reproductive organs and their functions Male assigned at birth = MAAB or AMAB	
 Female assigned at birth = FAAB or AFAB Intersex/Disorders of Sexual Development (DSD) 	
Most commonly congenital andreanal hyperplasia w/ambiguous genitalia	

LGBTQIA+ LANGUAGE: GENDER · Gender Identity Personal sense of self and being Gender Expression How a person communicates identity to others Often use clothing, mannerisms, voice, etc. Gender Norms Social and cultural expectation of expression 13 LGBTQIA+ LANGUAGE: GENDER Cisgender (Non-linear) process of moving from one gender to another May no longer identify as "trans" after transitioning to affirmed gender • Man • Woman • Transgender – Umbrella Term Trans man Trans woman "Pre-op" and "post-op" are outdated and should be avoided FtM or MtF not best choice to use Non-binary 14 GENDER NON-BINARY TERMS

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• Two Spirit

• Hijra

Travesti

• Third gender

• Mahu

• Genderqueer

Gender fluid

Agender

Pronouns:
 They, them, theirs
 Ze, zir, zirs
 Ne, nem, nirs

· Gender nonconforming

USING CORRECT NAME AND **PRONOUNS**

- Person assigned female at birth and identifies as a man = trans man
- Person assigned male at birth and identifies as a woman = trans woman
- Use the persons self-identified name and pronouns
 Able to put preferred name in the medical record
 Put in the chart notes
 Refer to the patient by these, even when not in their presence

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LGBTQIA+ LANGUAGE: SEXUALITY

· Identity/Orientation

- Heterosexual
 Queer umbrella term
 Homosexual
 Bisexual

- Lesbian
 Gay
 Pansexual
- Asexual
 Questioning
- Behavior
- MSM WSW WSMW MSMW
- Relationships
 Monogamy
 Polyamory
 Polygamy
 Celibacy

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	INTRODUCTION		
lame: Francis (Ruth) Kuehnle ex assigned at birth: female			
ronouns: They/them/theirs ly gender is genderqueer			
ty sexual identity is pansexual ty sexual behavior is polyamorous			

LBGTQIA+ TERMINOLOGY

Terms to Avoid • +/- Queer • +/- Homosexual

- Hermaphrodite
- Transvestite
- Transgendered

 +/- Transsexual

 She-Male, Tranny
- MtF, FtM
- Pre-Op, Post-Op,+/- SRS

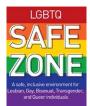
Terms to Use Gay Lesbian Intersex

- Cross Dresser
 Trans*/Transgender
 Gender Nonconforming
 Trans woman, Trans man
- Cis woman, Cis man
 Gender Affirming/Confirmation Surgery

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- Back tokens up with actions
- Do not expect an LGBT patient to educate you on their community
- If you are given constructive criticism, don't be defensive
- Think: Is my question necessary?



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LANGUAGE Best Practices "How may I help you today?" When talking about palients, avoid pronouns or other gender-specific terms. If you have a report of the name used by the palient, use if in place of pronouns Never refer to someone as "it". "What name would you like us to use, and wha your pronouns?" "I would like to be respectful – how would you like to be addressed?" "Could your chart be under another name?" spectfully ask about names if they do not match in your records. What is the name on your insurance?" "I apologize for using the wrong pronoun- I did not mean to disrespect you. How would you like for me t refer to you?" Only ask information that is necessary for providing care. Ask yourself: What do I know? What do I need to know? How can I ask in a sensitive way?

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RESOURCES

- Center of Excellence for Transgender Health: http://transhealth.ucsf.edu/
- The World Professional Association for Transgender Health Standards Of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People
- National LGBT Health Education On-Demand Webinars:
 Health Education On-Demand Webinars:
 Health Education On-Demand Webinars
 Health Education On-Demand Webinars
- Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline, 2009: http://press.endocrine.org/doi/pdf/10.1210/jc.2009-0345
- www.outforhealth.org by Planned Parenthood
- <u>www.glma.org</u> Gay and Lesbian Medical Association
- https://www.blacktrans.org/ Black Trans Advocacy

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TAKE AWAY POINTS

- Use up-to-date and appropriate language to address LGBTQIA+ people
- Back up your signs of support with actions
- \bullet Do not expect a patient to educate you on the LGBTQIA+ community
- Be accepting of constructive criticism
- Reflect if you are assessing something out of curiosity or actual medical necessity



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